

Minority and Women-Owned Business Enterprise Certification Application



Roadmap for Applicants

Purpose

The purpose of the City of Savannah's Minority and Women-Owned Business Enterprise (M/WBE) Program is to help small businesses owned and controlled by socially and economically disadvantaged individuals, including minorities and women, participate in all aspects of projects and contracts administered by the City's Procurement Department. The City of Savannah prohibits discrimination against a person or business in pursuit of these opportunities on the basis of race, color, sex, religion or national origin.

- The following standards shall be used to determine whether a business is owned and controlled by one or more socially and economically disadvantaged individual(s), and therefore, is eligible to be certified as an M/WBE:
- A "Minority or Women-Owned Business Enterprise" is one that is at least fifty one (51%) percent owned and controlled by one or more socially and economically disadvantaged individuals.
- To be certified with the City of Savannah as a M/WBE, firms must be located and operate within the three county Metropolitan Statistical Area (MSA) consisting of Bryan, Chatham and Effingham counties for at least six months prior to submitting an application for certification. To operate means to be the current holder of a valid business license issued by a local government within the MSA prior to submitting an application for certification.
- A "Socially Disadvantaged individual" is one who has been subjected to racial or ethnic prejudice or cultural bias within American society because of his/her identification as a member of a group and without regard to individual qualities. A socially disadvantaged individual must be a citizen (or lawfully admitted permanent resident) of the United States who is either:

Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Subcontinent Asian Americans and Women

- "Economically Disadvantaged" means an individual whose Personal Net Worth is less than \$750,000 excluding the value of their primary residence and capital invested in the business seeking certification.
- If your firm is currently certified by USDOT as a Disadvantaged Business Enterprise (DBE) or by the Small Business Administration (SBA) as an 8(a) firm or by Georgia Minority Supplier Development Council (GMSDC), the City of Savannah may accept your certification provided adequate documentation is provided.
- Additionally, an M/WBE is one:
 - 1. Whose management, policies, major decisions and daily operations are independently managed by one or more socially and economically disadvantaged individuals;
 - 2. Which is a Small Business as define by the SBA guidelines, <u>and</u> whose gross receipts do not exceed **\$20.41 million** average over a three year period;
- There is no application fee for M/WBE certification. All applications for certification must be accompanied by a sworn affidavit attesting to the accuracy and truthfulness of the information provided.
- The City of Savannah shall provide eligibility determinations for new candidates within 90 days of receipt of a complete application.



Dear Applicant:

Thank you for your interest in becoming a certified M/WBE with the City of Savannah. Please review the checklist below and compare it with your application and submission documents. Please make sure to include all supplemental documentation (as applicable) with your application. Failure to submit a complete and accurate application could result in a delay of your certification review. Again, thank you for your interest in the City of Savannah M/WBE Program. Please return your complete application to:

City of Savannah Attn: Gayle Delaney Entrepreneurial Center 801 E. Gwinnett St. Savannah, GA 31401

ALL APPLICANTS:
$\label{eq:work experience resume} \ \square \ \ Work \ experience \ resume(s) \ that \ include \ places \ of \ ownership/employment \ and \ corresponding \ dates. \ (All \ Owners)$
☐ Personal Net Worth statement (form enclosed). (All Owners)
☐ Social & Economic Disadvantage statement.
☐ Entire copy of personal tax returns for the last 3 years, if applicable.
☐ Entire copy of corporate, partnership, or joint venture tax returns for the last 3 years.
□ Documented proof of contributions used to acquire ownership for each owner (e.g. both sides of cancelled
checks).
☐ Signed loan agreement and security agreements.
☐ Description of real estate and proof of ownership listed.
☐ List of equipment leased along with signed lease agreements.
☐ List of construction equipment and vehicles owned and titles/proof of ownership.
☐ Signed leases for office/storage space.
☐ End of Year Balance Sheets and Income Statements for the past 3 years (or life of firm if less than 3 years old). A
new business must provide a current Balance Sheet.
□ Copies of relevant licenses.
□ Other DBE/ACDBE, SBA 8(a) or GMSDC certifications or denials and decertifications.
☐ Bank Authorization and Signatory cards.
☐ Schedule of salaries paid to all officers, managers, owners, or directors of the firm (W-2's).
SOLE PROPRIETORSHIP:
☐ Assumed name, fictitious name or other registration certificate from appropriate governmental agency
Assumed name, neutrous name or other registration certificate from appropriate governmental agency
PARTNERSHIP OR JOINT VENTURE:
☐ Original and any amended Partnership or Joint Venture Agreements.
☐ Assumed name, fictitious name, or other registration certificate from appropriate governmental agency, if
applicable.
CORPORATION OR LLC:
☐ Official Articles of Incorporation (signed by state official).
☐ Both sides of all Corporate Stock Certificates and Stock.
□ Transfer Ledger.
☐ Shareholders Agreement.
☐ Minutes of all stockholder and Board of Directors meetings.



Section 1. CERTIFICATION INFORMATION

1. Prior/ Other Certifications.

(a) Is your firm currently certified for any (If yes, attach a copy of your certification ☐ USDOT DBE ☐ SBA 8(a) ☐ GMSI	n(s)).	ograms?	Name of the certifyin	g agency:	
Has this firm home had an on-site visit of	conducted?	es, on/	/ No		
(b) Has your firm applied for certification If Yes, identify: Other names your comp		isted in 1(a) in t	ne past?	Yes, on///	□ No -
(c) Has this firm or any of its owners, Bobeen denied certification before by any a lf Yes, identify State and name of agence	agency in any state			Yes, on///	□ No -
2. Contact Information.	Section 2: GENI				
Contact person:		Legal name	of firm:		
Phone #:	Cell#:		Fax#:		
E-mail:		Web site (if	 firm has one):		
Street Address of firm: (No P.O. Box #)			27		
Mailing address of firm:	City:		County/Parish:	State:	Zip:
3. Business Profile.					
Primary nature of business:			Federal tax ID:		
Federal identification number or Applica	nt's Social Security	number:			
This firm was established on//_			owned this firm since:	//	
Did the business exist under a different of the business exist under the business exis	type of ownership	orior to the date	indicated above? [] Ye	es [] No	
□ Merger or consolidation □ Other	ght existing busines er (<i>explain)</i>		ted business	Secured cor	ncession
Has this firm operated under a different Has this firm applied for reorganization under the state of the stat	under Chapter 11 a				years?
Type of firm (check all applicable):	rs)	□ Corporation	n (provide Articles of Ir	ncorporation.	copies of
 Sole proprietorship (provide a copy name certificate) Partnership (provide copies of all paragreements and the assumed name Limited Liability Company (LLC) 	artnership	the stock of Shareholde meeting ar Bylaws and	ertificates (both sides) ers' Agreement, all min nd Board of Directors' r d Bylaws Amendments Bank Resolution and E	, Stock Trans nutes of the sl meetings, the s (if applicable	fer Ledger, hareholders' Corporate e), the
Number of employees: Permanent Fu	II-time	Temporary Ful	-time Se	asonal Full-tir	me



*	- Initionity and Itom	on owned be	1511100	55 Enterprise i	
Where do you obtain seasonal	employees?				
Does your firm directly pay, in it	ts own name, all its employe	es? [] Yes [] No	(If No,	explain)	
Specify the gross receipts of the (Attach copies of full tax returns		Year ending Year ending Year ending			eeipts \$ eeipts \$ eeipts \$
equipment and/or rea the source of these in (Attach work experie	als or holding companies Il estate and/or other investivestments. The ence resumes of each personal Firs	stment in the firm	n; and a	attach the documers, attach a separa	entation of
Name:	Title:			Home Phone#:	
Home Address (street and num	nber)	City:	•	State:	Zip:
	□ Male □ Female □ Yes □ No	Ethnic group (A. African American		roof of status): □ Hispanic □ Asian Pacific	□ Native American
Legal permanent resident:	□ Yes □ No	□ Caucasian □ Other			□ Asian Indian
Number of years owned:	Initial investment of acquir	•	est in f	ürm:	
Percentage owned:	Туре			Dollar V	alue
Relation to other owners:	Cash		\$		
	Real Estate		\$		
	Equipment		\$		
	Other		\$		
Shares of Stock: Number		<u>Class</u>		Date Acquired	Method Acquired
Additional contributions made b	by anyone since the busines	s was started/acq	uired:		
	Seco	nd Person			
Name:	Title:			Home Phone#:	
Home Address (street and num	nber)	City:		State:	Zip:
Gender:	□ Male □ Female	Ethnic group (A	ttach pi	roof of status):	
	□ Yes □ No	□ African American □ Caucasian		□ Hispanic □ Asian Pacific	NativeAmericanAsian Indian
Legal permanent resident:	□ Yes □ No	□ Other			- Asian indian
Number of years owned:	Initial investment of acquir		est in f	irm:	
Percentage owned:	Туре			Dollar V	alue
Relation to other owners:	Cash		\$		
	Real Estate		\$		
	Equipment		\$		
	Other		\$		
Shares of Stock: Number		<u>Class</u>		Date Acquired	Method Acquired



Additional contributions made by anyone since the business was started/acquired:

Section 4: CONTROL

5. Identify officers and Board of Directors.

(Attach work experience resumes of each person; If additional space is required, attach a separate sheet)

	Name	Title/Date Appointed	Ethnicity	Gender
Company Officers	1.			
Officers	2.			
	3.			
Board of	1.			
Directors	2.			
	3.			

6. Identify management personnel who control the firm in the following areas. (Attach work experience resumes, including dates of employment at each company, for each person; If more than two persons, attach a separate sheet)

two persons, attach a sepa	,	1	1	•
	Name	Title	Ethnicity	Gender
Financial Decisions (responsibility for	or check signing, acquisitions of li	nes of credit, surety bond	ding, supplies, e	tc.)
-	1.			
	2.			
Estimating, bidding, and negotiating	(cost estimates, bid preparation	and submission, negotia	tions or contract	execution)
<u> </u>	1.			,
	2.			
Hiring /firing of management person	inel	•	1	•
	1.			
	2.			
Field / Production Operations Super	visor (site supervision / schedulin	g, project management s	services)	•
	1.			
	2.			
List all field supervisors				
	1.			
	2.			
Office Management				
-	1.			
	2.			
Marketing/Sales				
-	1.			
	2.			
Purchasing of major equipment				
	1.			
	2.			



7. Identify persons or firms who provide the following services: Name of Firm Name of Contact Person **Address** Phone No. External management or technical / computer service 1. Accountant 1. Attorney 1. Principal suppliers Materials or equipment supplied List: 2. Materials or equipment supplied List: 8. Identify those union(s), business(es), or professional association (s) in which the owner (s) or management personnel have membership.

Name of union, business or professional association

1.
2.

9. Attach a list of equipment and/or vehicles within your firm's possession or under your control (indicate separately), office space (owned or leased) and storage space (owned or leased), including signed leasing agreements.

10. Financial Information.

(a) Banking Infor	mation					
Name of Bank:		Phone No				
Name of Officer:						
		City:	State:	2	Zip:	
(b) Bonding Infor	mation: If you have bon	ding capacity, identify:				
Name of agent o	r broker:	Pho	one No			
Address of Agent	/Broker:	City:	State:	_ Zip: _		_
Bonding limit: Ag	gregate limit \$	Project limit \$				
(c) Attach copies	of year end balance she	et and profit and loss (inc	ome) statemer	nts for the	last thre	ee years, or if
business has bee	n in operation for less th	an one year, provide a cu	rrent balance s	sheet, a p	orojected	d profit and loss
statement for the	next 12 month period an	d a projected balance sh	eet for the end	of that p	eriod.	

11. Identify all sources, amount and purposes of money loaned to the firm, including name of person or firm securing the loan, if other than owner. (Attach copies of all loan agreements.)

Name of Source	Address of Source	Amount
1.		
2.		
3.		

12. List current licenses (e.g. contractor, engineer, architect, ICC, etc). (Attach copies of licenses.)

Name of Individual or Firm	Name of License	Exp. Date	License Number
1.			
2.			
3.			



13. Does your firm have key personnel insurance? [] Yes [] No (If Yes, attach a list of the persons named and the value)

14. List the largest contracts completed by this firm in the past 3 years.

Name of Owner / Contractor	Name / location of project	Type of work performed
1.		
2.		
3.		

15. List all **active jobs this firm is currently working on.** (If additional space is required, attach a separate sheet.)

Prime Contractor/ Proj. #	Location of project	Type of work	Start Date	Completion date
1.				
2.				
3.				

Section 5. AFFILIATION

16. Affiliation with other businesses.

(a) Affiliate companies:					
(b) Do any of the people listed	d in questions 4, 5, or 6 perform a management or supervisory fu	nctior	n for an	y oth	er
business? [] Yes [] No					
If Yes, identify: Person:	Title:				
Business:	Title: Function:				
(c) Do any of the people liste	d in questions 4, 5, or 6 own or work for other firms that have a b hip interest, shared office space, financial investments, equipmen	usine	ess rela		
If Yes, identify: Firm:	Person:				
Business Relationship:					
(d) Whether affiliated or not, is	s the applicant firm co-located at any of its business locations, or	does	it shar	e a	
telephone number, P.O. Box,	office space, yard, warehouse, facilities, equipment, or office sta	ff, wit	h any c	ther	
business organization, or enti	ty? [] Yes [] No				
If Yes, identify: Firm's name:	Tax ID number:				
At present or in the past 5	Has this firm been a subsidiary of any other firm?		Yes		No
years: If you answered Yes to any	Has this firm consisted of a partnership in which one or more of the partners are other firms?		Yes		No
of these questions, identify	Has any other firm owned 5% or more of this firm?		Yes		No
on a separate piece of	Has this firm had any subsidiaries?		Yes		No
paper any relevant names, addresses, dates, and explanations.	Has this firm owned 5% or more of any other firm?		Yes		No

Section 6. OTHER

17. Are you a trucking firm? [] Yes [] No

(If Yes, attach proof of ownership of a fully operational truck and trailer. Documentation should include insurance and titles.)

18. Are you a regular dealer? [] Yes [] No

(If Yes, attach proof of warehouse, product lines carried, and distribution equipment.)



AFFIDAVIT OF CERTIFICATION

A material or false statement or omission made in connection with this application is sufficient cause for denial of certification, revocation of a prior approval, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable federal and state law.

applicable federal and state law.	natement to any and all civ	ii and ciiiiiilai periaities	avaliable pulsualit to
(full title) of applicant firm	name), swear or affirm und (firm nar	ler penalty of law that I ame) and that I have read	am d and understood all of the
title) of applicant firm	ents are true and correct to omitting no material inform urately identify and explain	o the best of my knowled nation. The responses i the operations, capabili	dge, and that all responses to nclude all material
recognize that the information submit government agency. I understand that accuracy and truth of the statements in the application, and the named firm's be and other certifying agencies for the pre- eligibility.	t a government agency may n the application, and I auth ponding companies, bankin	y, by mean it deems ap norize such agency to cong institutions, credit age	propriate, determine the ontact any entity named in encies, contractors, clients,
agree to submit to government audit, orm they exist, of the names firm and nterviews of principals, agents, and er or denial of certification.	is affiliates, inspection of its	s place(s) of business a	nd equipment, and to permit
f awarded a contract or subcontract, I SAVANNAH on an ongoing basis, curr project; (2) payments; and (3) propose	ent, complete, and accurat	e information regarding	
agree to provide written notice to THE he original application within 30 days			
acknowledge and agree that any mis subcontract will be grounds for termina of certification; suspension and debarr statement, fraud or other applicable of	ating any contract or subcor nent; and for initiating actio	ntract which may be aw	arded; denial or revocation
declare under penalty of perjury that	the foregoing is true and co	orrect.	
Signature of owner, officer, or partner		Date (r	mm/dd/yy)
declare under penalty of perjury that o my disadvantaged status and me is		this application and sup	pporting documents relating
Print Name:	Signature:		(mm/dd/yy)
Print Name:	Signature:		(mm/dd/yy)
Print Name:			(IIIII/aa/yy)
	Notary Ce	ERTIFICATE	
STATE OF			
COUNTY OF			
Subscribed and sworn to before me th	is	day of	, 20
Signature of Notary Public	Printer/ty	ped name of Notary Pu	ıblic
County of residence	Date commission a	ynires	



AFFIDAVIT OF SOCIAL AND ECONOMIC DISADVANTAGE

This form must be signed and notarized for <u>each</u> owner upon which disadvantaged status is relied.

SOCIAL DISADVANTAGE

□ African American □ Hispanic American □ Native Ameri	erican 🗅	Woman		
And that I have held myself out as a member of	that group and h	nave acted as a member o	f that group.	
I further certify that I am an owner of the compaexperienced social disadvantage due to the effermance of the compaexperienced social disadvantage due to the effermance of the compaexperienced social disadvantage due to the effermance of the compaexperienced social disadvantage due to the effect of the compaexperienced social disadvantage due to the effect of the compaexperienced social disadvantage due to the effect of the compaexperienced social disadvantage due to the effect of the compaexperienced social disadvantage due to the effect of the compaexperienced social disadvantage due to the effect of the	ects of discrimina	ation based upon my <i>(ched</i>	ck all that apply)	
Print Name:				
Signature:	_ Date:			
	NOTARY CERTIFIC	CATE		
STATE OF				
COUNTY OF				
Subscribed and sworn to before me this	day c	of	., 20	
Signature of Notary Public Printer/typed name of Notary Public				
County of residence Date comm	nission expires			



PERSONAL FINANCIAL STATEMENT WORKSHEET

Name				Business Phone
Residence Address	City	State	Zip	Home Phone

ASSETS	AMOUNT	Check if Joint Assets	LIABILITIES	AMOUNT
1. Cash on Hand & in banks	\$		Accounts payable	\$
2. Savings Accounts	\$		Notes payable to banks and others	\$
3. IRA or Other Retirement Accounts	\$		Installment account (auto)	\$
4. Personal & Notes Receivable	\$		Installment account & credit cards	\$
5. Life Insurance (Cash surrender only)	\$		5. Other Liabilities (describe on separate sheet)	\$
6. Stocks and Bonds (current market value)	\$		6. Mortgage on other properties	\$
7. Real Estate (Exclude primary residence)	\$		7. Other liabilities	\$
8. Automobiles (present value)	\$			
Personal property	\$			
10. Other Assets (describe on separate sheet)	\$		TOTAL LIABILITIES (Add lines 1 -7)	\$
11. Ownership in other businesses	\$			
TOTAL ASSETS (Add Lines 1 – 11)	\$		Personal Net Worth (Total Assets Minus Total Liabilities)	\$

I certify that this personal financial statement is complete and accurate to the best of my knowledge. I hereby certify under penalty of perjury that my personal net worth does not exceed \$750,000. The City of Savannah is authorized to verify the accuracy of this statement to determine whether I meet the economic standards for participation in the City of Savannah's M/WBE Program.

The statement is supported by (check one):

□ A signed, notarized statement of personal net worth, with appropriate supporting documentation (See PNW form above).

NOTARY CERTIFICATE				
STATE OF				
COUNTY OF	<u>-</u>			
Subscribed and sworn to before me this	day of	, 20		
Signature of Notary Public	Printer/typed name of Notary Public _			
County of residence	Date commission expires			